

CLAIMS ONLY							Application Number 18785395		Filing Date			
							Applicant(s)					
							* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1			1				51					
2				1			52					
3				1			53					
4				1			54					
5			1				55					
6				1			56					
7				1			57					
8				1			58					
9				1			59					
10				1			60					
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50			<del>1</del>				100					
Total Indep			2				Total Indep					
Total Depend			9				Total Depend					
Total Claims			11				Total Claims					